

5/31/06

**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID A1  
PUBLI-1DATE (MM/DD/YYYY)  
05/31/06

<b>PRODUCER</b> Mazonson LLC www.mazonson.com 701 Edgewater Drive Suite 230 Wakefield MA 01880-6236 Phone: 781-224-5700 Fax: 781-224-5777	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  Public Consulting Group, Inc. 148 State St., 10th fl. Boston MA 02109	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Co.</b> INSURER B: <b>Executive Risk Indemnity Co.</b> INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>

**COVERAGES**

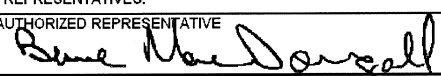
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	35855036	02/18/06	02/18/07	EACH OCCURRENCE \$ <b>1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
						MED EXP (Any one person) \$ <b>10,000</b>
						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
						GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73540440	02/18/06	02/18/07	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	71724811	02/18/06	02/18/07	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER
						E.L. EACH ACCIDENT \$ <b>1,000,000</b>
						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
						E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B		<b>Professional E&amp;O</b>	68023724	03/20/06	02/18/07	<b>Aggregate</b> 2,000,000 <b>Ea Claim</b> 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees shall be included as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor for above coverage. A waiver of subrogation applies as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

<b>AHCCCS</b> <b>Jamey Schultz</b> Contract Management Specialist 701 E. Jefferson Str, MD 5700 Phoenix AZ 85034	<b>AHCCCS1</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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07/25/2008 15:23 FAX

002/002

DO NOT SEND TO IRS

Vendor MUST Print  
or Type Information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type Information

• Taxpayer Identification Number (TIN) 04-2942913 Type ☒ TIN ☐ Employer Identification Number (EIN) ☐ State of Arizona HRS EIN  
☐ Social Security Number (SSN)

• Legal Name  
 Must match TIN above

Public Consulting Group Inc

• Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (SA)  
☐ Corporation (providing health care, medical or legal services) (BA)  
☐ Partnership, LLP (ST)  
☐ PLLC, LLC (SO)  
☐ Individual/Sole Proprietor (SI)  
☐ The US or any of its political subdivisions or instrumentalities (ZG)  
☐ A foreign possession of the US, or any of their political subdivisions or instrumentalities (AG)  
☐ Tax-exempt organization under IRC §501 (SO)  
☐ An international organization or any of its agencies or instrumentalities (SU)  
☐ State of Arizona employee (TE)  
☐ Other, Tax-reportable entity (SF)

• Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Address

148 State St., 10th FL

Address continued

City

Boston

State

MA

Zip code

02109

• Remit to Address

Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

• Minority Business Indicator Select one of the following

- ☐ Small Business (01)  
☐ Small Business-African American (29)  
☐ Small Business-Asian (24)  
☐ Small Business-Hispanic (25)  
☐ Small Business-Native American (27)  
☐ Small Business-Other Minority (05)  
☐ Small, Woman Owned Business (06)  
☐ Small, Woman Owned Business-African American (29)  
☐ Small, Woman Owned Business-Asian (30)  
☐ Small, Woman Owned Business-Hispanic (31)  
☐ Small, Woman Owned Business-Native American (33)  
☐ Small, Woman Owned Business-Other Minority (11)  
☐ Woman Owned Business (08)  
☐ Woman Owned Business-African American (17)  
☐ Woman Owned Business-Asian (18)  
☐ Woman Owned Business-Hispanic (19)  
☐ Woman Owned Business-Native American (21)  
☐ Woman Owned Business-Other Minority (08)  
☐ Minority Owned Business-African American (04)  
☐ Minority Owned Business-Asian (12)  
☐ Minority Owned Business-Hispanic (74)  
☐ Minority Owned Business-Native American (15)  
☐ Minority Owned Business-Other Minority (02)  
☐ Non-Profit, IRC §501(c) (00)  
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

• Contact Information

Name

William S. Mosakowski

Phone #

617 426-2026 EXT

Fax

617 426-4632

Email

W.Mosakowski@pcg.com

• Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND  
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND  
 3. I am a tax-exempt person (including U.S. resident alien).  
 Certification Instructions: You must agree with item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 3 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, anything other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.  
 The Internal Revenue Service does not endorse any company or any product or service mentioned in this document other than the certification required to avoid backup withholding.

Signature

Daniel T. Frank

Title

Treasurer

Date

8/1/06

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA S&amp;Q USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed

S&amp;Q-W-9 Revised 4/18/05